

ORGANIZATION NAME

Government Claims Program Materials Request Form

DATE

Send completed forms to: Victim Compensation and Government Claims Board

PO Box 3036, Sacramento, CA 95812-3036

Or fax to: 916-491-6448 Attn: Government Claims

MAILING ADDRESS	REQUESTED BY						
CITY	STATE	ZIP	ZIP				
TELEPHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER (INCLUDE ARE	REA CODE)					
TITLE		QUANTITY					
GOVERNMENT CLAIMS INFORMATION		5	25	50	100	300	500*
GOVERNMENT CLAIMS GENERAL INFORMATION BROCHURE							
GOVERNMENT CLAIM APPLICATION							
FEE WAIVER REQUEST FORM							
PC 4900 CLAIM FORM (ERRONEOUSLY CONVICTED FELON)							
MISSING CHILDREN REWARD PROGRAM BROCHURE/APPLICATION							
OTHER							

NO CHARGE FOR MATERIALS, SHIPPING OR HANDLING.

*ANY REQUESTS OVER 500, PLEASE CALL (800) 955-0045 OR EMAIL gcinfo@vcgcb.ca.gov.

You may also visit our website at www.victimcompensation.ca.gov to download many of these publications.